

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33547

State File No.

8640

No. 300
10.48 **DECEASED** 8 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 10 days d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp. & I		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LE MAY, 4870 d. STREET ADDRESS (If rural, give location) 303 W. ARLEE AVE.	
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3. NAME OF DECEASED (Type or Print) a. (First) ALVIN b. (Middle) THOMAS c. (Last) WATERS.			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 14, 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JUNE 1, 1904	9. AGE (In years last birthday) 48	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR			10b. KIND OF BUSINESS OR INDUSTRY BREWERY		
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Charles Waters	13b. MOTHER'S MAIDEN NAME Agnes Dieging	14. NAME OF HUSBAND OR WIFE Mildred Hausdorf Waters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN None	16. SOCIAL SECURITY NO. 490-03-1111	17. INFORMANT'S SIGNATURE OR NAME Mildred Waters
ADDRESS 303 W. Arlee, Lemay 23 Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 10 MIN
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ? Que. Embolus		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRAIN ABCESS, LEFT CEREBELLUM DUE TO (c) CHRONIC MASTOIDITIS		2 MONTHS 20 YRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION SEPT 13, 1952	19b. MAJOR FINDINGS OF OPERATION BRAIN ABCESS LEFT CEREBELLUM	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3931

22. I hereby certify that I attended the deceased from SEPT 4, 19 52 to SEPT 14, 19 52, that I last saw the deceased alive on SEPT 13, 19 52, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE George H. Hawkins Jr. M.D.	23b. ADDRESS 607 N Grand, St. Louis
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road
DATE REC'D BY LOCAL REG. SEP 15 1952	REGISTRAR'S SIGNATURE Cal Smith MO
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.	
ADDRESS 781 S. Broadway St. Louis 11 Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

James C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.